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Commission on Population and Development
Forty-sixth session
22-26 April 2013
Item 4 of the provisional agenda*
General debate on national experience in population matters: new trends in migration — demographic aspects

Statement submitted by Asian-Pacific Resource and Research Centre for Women, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2013/1.

13-23587 (E) 080313

Please recycle

Statement

The Asian-Pacific Resource and Research Centre for Women is a non-profit women's non-governmental organization based in Kuala Lumpur that has been working since 1993 to advance women's health, affirmative sexuality and rights and empower women through information and knowledge and by monitoring international commitments, engagement, advocacy and mobilization. We work with national partners across the Asia-Pacific region and with regional partners from the global South as well as allies from the global North.

We welcome the focus on the theme "new trends in migration — demographic aspects" of the forty-sixth session of the Commission on Development and Population.

Migration is a key aspect of population dynamics and has become one of the key facets of this globalized world, spurred on by transport and communications technology and increased interdependence on goods and labour. According to the United Nations Population Division, in 2010, the Asia-Pacific region accounted for 32 per cent of the world's migrant stock, about half of whom were women. Migration in the Asia-Pacific region has primarily been for employment, although also due to other factors, such as education, marriage, conflict, natural or climate change-induced disasters, famine or development projects.

Migration can be a positive force. Migrant remittances can improve the lives of migrant workers' families and communities and are a major source of income for many sending countries. Destination countries also benefit economically and socially from migrant labour, as migrant workers provide skills critical for their societies and economies to run. Destination countries also collect a considerable income from levies on and higher taxes paid by migrant workers.

However, migration raises challenges related to human rights, particularly to sexual and reproductive health and rights. Migrant workers, particularly those who are undocumented or working mainly in sectors that are lower skilled, unregulated and in the private domain, the majority of whom are women, are among the most vulnerable social groups that are missed by policies and interventions.

Sexual and reproductive health concerns and violations of sexual and reproductive rights include migration and labour policies in the countries of origin and destination that can prevent migrant workers from enjoying and realizing their full sexual and reproductive rights.

(a) Migration and labour policies in both origin and destination countries prevent migrant workers from enjoying and realising their full sexual and reproductive rights;

(i) Policies often prevent less skilled workers from migrating with their spouses and children and prohibit them from having relationships with or getting married to citizens of the country of destination, continuing a pregnancy or delivering a child. Professionals and more skilled migrant workers are often exempted from these policies;

(ii) Even where sexual and reproductive health and rights are not an issue for heterosexual individuals and couples, in the majority of destination countries, the rights of people of other sexualities, including gay, lesbian and transgender

individuals, remain unrecognized. Migrating with their families is also not allowed and same-sex or transgender behaviour may be prohibited or a cause for termination;

(iii) Female migrant workers undergo mandatory pregnancy testing throughout the migration process. Pregnancy is an exclusionary condition in many destination countries, including in the Middle East and in South-East Asia. Pregnant women are found unfit for work and are either rejected from the beginning or face automatic termination of employment and deportation. Because pregnancy is a condition for rejection and deportation, many female migrant workers are forced to seek abortion, often in unsafe conditions. Unsafe abortion is one of the leading causes of maternal deaths and disabilities. The lack of women's rights prevents them from accessing maternal health services and leads to "stateless children" of women migrant workers;

(iv) International conventions and guidelines, policies against mandatory testing and ethical standards of practice are disregarded in migration situations. Research carried out in 16 Asian countries by the organization Coordination of Action Research on AIDS and Mobility Asia has revealed that mandatory HIV testing practices for migrants at all stages of the migration cycle are discriminatory and dehumanizing and result in the violation of basic rights. HIV-positive migrant workers are subject to rejection or deportation. This raises the issue of the risk of transmitting HIV and sexually transmitted infections to partners and others. Migrants are also often not provided with counselling or allowed access to referral and treatment services in either the host country or the country of origin;

(v) Higher user fees for non-citizens or permanent residents make access to health care even more difficult for less skilled migrants and virtually impossible for undocumented migrants, for fear of deportation. For domestic workers, accessing health care depends solely on employers, not only because of prohibitive costs, but also because the mobility of migrant women is limited;

(vi) Few countries offer health insurance for migrant workers. When available, it is often minimal, inadequate for addressing serious illness or injury and excludes contraception, pregnancy-related services, cancer screenings, such as cervical smears, the treatment of sexually transmitted infections or other sexual and reproductive health concerns;

(vii) Women migrant workers are not allowed menstruation leave, even in countries that offer them;

(b) Most migrant women have little or no access to sexual and reproductive health information and sexuality education. Very few pre-departure orientations address human rights, sexual and reproductive health and rights or sexuality issues. This lack of access combines and interacts with social factors, such as peer group influence, and structural factors, such as lack of protective policies and lack of access to services, to make migrant women vulnerable to sexual and reproductive health problems;

(c) Access to contraception is an issue, increasing the vulnerability of migrant women to unwanted pregnancies as well as sexually transmitted infections and HIV;

(d) Lack of access to services notwithstanding, migrant workers experience a variety of sexual and reproductive health concerns. For example, a 2002 survey of domestic workers in Hong Kong, China, by the organization "Achieve" reported various sexual and reproductive health concerns, including genitourinary infections (44 per cent), pelvic inflammation disorder (17 per cent), unintended pregnancy (13 per cent) and abortion (10 per cent). These revealed limited access to health information and services as well as stigma attached to seeking them;

(e) Migrant women, especially those in domestic work or sex work, which are often excluded from national labour legislations, commonly experience gender-based or sexual violence at the hands of authorities, agents and employers at all stages of the migration cycle. The Committee on the Protection of the Rights of all Migrant Workers and Members of Their Families, in its General Comment No. 1 on migrant domestic workers (CMW/C/GC/1), noted that women and girls are particularly at risk of being subjected to physical and sexual abuse by agents and intermediaries. They also experience psychological, physical and sexual abuse and harassment from their employers and from recruitments or intermediaries. Many migrant workers also become victims of sexual trafficking.

In view of the above challenges, we call on Governments and the international community to fully ensure that migrants, particularly women migrants and undocumented migrants, can freely exercise their human rights, including their sexual and reproductive health and rights, in line with existing international commitments and conventions, such as the Programme of Action of the International Conference on Population and Development, the Millennium Development Goals, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, conventions of the International Labour Organization and human rights instruments, such as the Universal Declaration of Human Rights.

More specifically, we call on Governments and the international community to:

(a) Ratify and fully enforce the International Convention the Protection of the Rights of All Migrant Workers and Members of Their Families;

(b) Recognize the gender inequalities faced by migrant women workers and take action to ensure that international, regional and national policies and programmes are gender-sensitive and to introduce policies and programmes to prevent, mitigate and eliminate gender-based and sexual violence;

(c) Ensure that all migrants, including women migrants, have universal access to comprehensive, quality and migrant-friendly sexual and reproductive health services, in both origin and destination countries. Such services should include the full range of contraceptive services, including emergency contraception; safe abortion services; maternal health services, including antenatal care, safe delivery care, emergency obstetric care and postnatal care; prevention, treatment and management of HIV and other sexually transmitted infections and reproductive tract morbidities, including reproductive cancers; prevention and treatment of infertility; services related to addressing sexual and gender-based violence; and adolescent sexual and reproductive health services. All of these should include prevention, information, counselling and treatment, and be offered within functional and integrated health systems;

(d) Provide programmes that empower migrants to make choices and decisions that affirm their human rights, including for bodily integrity and sexual and reproductive rights. Such programmes include the provision of comprehensive, rights-based information and education related to the human rights of migrants, sexuality and sexual and reproductive health and rights, in schools and at all states of the migration cycle. Pre- and post-departure training should include components related to sexual and reproductive health and rights and the human rights of migrants;

(e) Take action to remove all barriers to achieving migrants' rights, including their full sexual and reproductive health and rights, particularly for undocumented migrants and women migrants. Migrants' contributions, including that of low-skilled and undocumented migrants, should be recognized and privileges and rights should be based on residency, not citizenship status. Discriminatory and punitive policies should be reviewed and repealed, including mandatory HIV and pregnancy testing, work and travel restrictions, including deportation, due to HIV status or pregnancy, the criminalization of HIV status, abortion and sex work and restrictions related to marriage and family life, without discrimination to type of work or sexual orientation. Relevant Government ministries, including of immigration, the police, justice, labour and health, should undergo sensitization programmes on migrants' human rights, including sexual and reproductive health and rights;

(f) Make available and accessible migrant-friendly legal recourse to migrant workers at the national and international levels;

(g) Invest in universal access to sexual and reproductive health and rights, including for migrant workers. Research on the interlinkages between migration, gender and sexual and reproductive health and rights, as well as systems to monitor the implementation of commitments, should also be supported;

(h) Enable the meaningful participation and leadership of civil society and migrant workers' associations working on and representing migrants' rights and sexual and reproductive health and rights issues, including those of women migrants, in global, regional and national development processes.

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General debate on national experience in population matters: new trends in migration — demographic aspects

Statement submitted by IPAS, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2013/1.

13-23563 (E) 070313

Please recycle

Statement

As an international non-governmental organization working closely with international and local partners serving women all over the world, we call on members of the Commission on Population and Development to continue affirming and supporting the principles, goals, objectives and recommendations of the Programme of Action of the International Conference on Population and Development and subsequent global and regional agreements in relation to the issue of international migration and development.

Based on previous intergovernmental agreements and the evidence-based recommendations of international organizations, Governments should ensure that the following measures are taken:

(a) Strengthen health systems and ensure that migrants, displaced persons, refugees and asylum seekers, regardless of their legal status, have access to sexual and reproductive health services, including screening and treatment for sexually transmitted infections and HIV; and provide the widest possible range of safe and effective contraceptive methods (including emergency contraception and male and female condoms), prenatal, delivery and postnatal care, essential obstetric care and safe abortion care;

(b) Train health-care professionals to provide comprehensive services that screen for violence and treat the resulting emotional, physical and other health needs of migrants, displaced persons, refugees and asylum seekers, particularly adolescent and adult women;

(c) Strengthen the abortion-related skills of health-care providers, especially those offering health-care services to migrants, refugees, displaced persons and asylum seekers;

(d) Amend legislation criminalizing abortion to permit pregnancy termination in order to protect women's lives and mental and physical health, and remove all punitive measures on women who undergo abortion.

Women involved in migration and access to reproductive health-care services

In paragraph 13 of his report on international migration and development (A/67/254), the Secretary-General stated that:

> International migration, development and human rights are intrinsically interconnected. Respecting the human rights and fundamental freedoms of all migrants is essential for reaping the full benefits of international migration. Migrants in an irregular situation are particularly vulnerable to discrimination and abuse.

This statement is of particular importance in relation to access by female migrants to reproductive health-care services, particularly contraception and safe abortion care.

The Asian-Pacific Resource and Research Centre for Women has reported that female migrants in the Asia-Pacific region encounter multiple barriers in accessing health care, including the lack of knowledge that they and health providers have about legislation and regulations concerning their rights to services; lengthy and complex application processes to obtain access to services; and time-consuming administrative reimbursement procedures. When they are unable to obtain and use modern contraceptives, including emergency contraception, they run the risk of

having unplanned pregnancies. If they wish to end an unwanted pregnancy and lack knowledge about legal abortion services, they may resort to clandestine procedures that place their health and lives at risk.

In the United States of America, the National Latina Institute for Reproductive Health has noted that immigrant women are less likely to receive adequate reproductive health care than other women, including family planning services. When they have unwanted pregnancies, their access to safe legal abortions may be impeded by restrictions based on age, economic status, immigration status and geographic location.

As noted by the United Nations Population Fund, refugee and displaced women are routinely subjected to sexual violence, which can lead to sexually transmitted infections and unwanted pregnancies, as well as other short- and longer-term injuries. The Global Justice Center notes that the major organizations providing medical humanitarian services routinely exclude abortion as an option for girls and women dealing with the consequences of rape related to armed conflict.

Reproductive rights of women involved in migration

In paragraph 7.11, the Programme of Action states that migrants and displaced persons in many parts of the world have limited access to reproductive health care and may face specific serious threats to their reproductive health and rights, and that services must be sensitive particularly to the needs of individual women and adolescents and responsive to their often powerless situation, with particular attention to those who are victims of sexual violence.

In its General Comment No. 14, the Committee on Economic, Social and Cultural Rights has affirmed that:

> In particular, States are under the obligation to respect the right to health by, inter alia, refraining from denying or limiting equal access for all persons, including prisoners or detainees, minorities, asylum seekers and illegal immigrants, to preventive, curative and palliative health services; abstaining from enforcing discriminatory practices as a State policy; and abstaining from imposing discriminatory practices relating to women's health status and needs.

The Ad Hoc Committee on Population and Development of the Economic Commission for Latin America and the Caribbean has further recommended that States take steps to promote decent treatment for migrants, bearing in mind their specific cultural traits and particular needs in terms of sexual and reproductive health.

In 2011 and 2012, the Commission on Population and Development urged Governments to prioritize universal access to sexual and reproductive information and health-care services, including family planning, prenatal care, safe delivery and postnatal care, emergency obstetric care, prevention and appropriate treatment of infertility, quality services for the management of complications arising from abortion and, in circumstances where abortion is not against the law, training and equipping health-service providers and other measures to ensure that such abortion is safe and accessible. At its forty-sixth session, the Commission should again reiterate this recommendation, specifically with regard to the rights of women who are refugees, displaced persons and asylum seekers.

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General debate on national experience in population matters: new trends in migration — demographic aspects

Statement submitted by Fundación para Estudio e Investigación de la Mujer, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2013/1.

13-23605 (E) 110313

Please recycle

Statement

Regarding the theme of migration, which is being considered by the Commission on Population and Development at its forty-sixth session, as an international non-governmental organization dedicated to defending the rights of women and girls since 1989, we call urgent attention to the specific issue of gender-based violence, especially sexual violence in situations of conflict, post-conflict or natural disasters, suffered by migrant and internally displaced women and girls. In such situations, women and girls are particularly vulnerable to rape and other forms of sexual violence, which are used as weapons to instil fear in and dominate civilian members of communities, where perpetrators often act with impunity.

Violence against women and girls is on the rise worldwide, and is a major violation of women's human rights and a primary impediment to the empowerment of women and girls. Gender-based violence against women and girls, including sexual violence, is fuelled by gender inequalities and requires urgent attention if it is to be eradicated.

On the basis of the work we have done with regard to addressing the multiple forms of gender-based violence that women and girls face in Latin America and the Caribbean, today we call attention to the specific emergency resulting from the use of sexual violence against women and girls as a weapon of war in situations of conflict, post-conflict and natural disasters.

Many countries in Latin America and the Caribbean, despite having experienced military dictatorship and transitioned back to democracy, continue to be home to conflicts related to militarization, armed groups, drug trafficking networks, human trafficking networks and weak democracies with inexistent or insufficient governmental accountability and transparency to uphold human rights, especially women's rights. It is in these contexts that women and girls are particularly vulnerable, since they are used as a target of gender-based violence perpetrated as a weapon of conflict.

Some of the most emblematic cases of conflict and post-conflict situations in the region today are Mexico and Colombia. In Mexico, women and girls are made to disappear, are raped and tortured, and femicide are especially prevalent in areas such as Ciudad Juarez and other cities characterized by the drug trade and related violence, impunity on the part of government authorities and a population with a high concentration of poor, female internal migrants. In such locations, women find themselves particularly vulnerable to gender-based violence, which is used as one of the arms of conflict. Yet, these multiple forms of violence against women continue to be invisible because of the violence, crime and impunity that exists throughout the country, according to the 2011 study entitled *Feminicidio en México: Aproximación, tendencias y cambios, 1985-2009*. In Colombia, armed conflict and the resulting displacement of a large part of the population have been found to affect women differently from men. As Amnesty International has indicated in *Colombia: Hidden from Justice. Impunity for Conflict-related Sexual Violence, a Follow-up Report*, what refuge there is in towns and cities is often insecure and displaced women are at greater risk of sexual violence. Most survivors of sexual violence are displaced when they are attacked or are forced to leave their place of residence after the attack. The numbers have not decreased. Colombia also has one of the highest femicide rates in South America, as highlighted by the Small Arms Survey in its

study entitled "Femicide: a global problem". The presence of armed conflict and other forms of violence and rights violations increase women's and girls' vulnerability to all forms of violence, including femicide, outside their family environment.

In Haiti, similar patterns of sexual violence against internally displaced women and girls have occurred as a result of the devastating earthquake that hit the country in January 2010. Although violence against women, including sexual violence, was prevalent before the earthquake, since then there has been a resurgence of such violence owing, in particular, to the presence of makeshift displacement camps with precarious living conditions that set the context for the rape and sexual harassment of women and girls. Young women and girls are most often the victims. Even before the earthquake, according to a 2007 report by Médecins Sans Frontières, 40 per cent of the victims in the 500 rape cases it treated were girls under the age of 18. Cases go unrecorded owing to a lack of reporting and care services. It has been found that fear of discrimination prevents victims, who are usually from the poorest classes, from filing con plaints. The lack of shelter and guidance for women has also been a problem in tracking cases and building trust with the victims.

To address this situation in Latin America and the Caribbean and in similar contexts worldwide, and to improve the health and uphold the human rights, including the rights to sexual and reproductive health and to live free from violence, of all women and girls, in particular the most vulnerable, including internally displaced women and migrant women, and in order to make progress in implementing the Programme of Action of the International Conference on Population and Development, Fundación para Estudio e Investigación de la Mujer urges all Governments to take the following measures:

- To reaffirm the importance of the implementation of the Programme of Action as an effective contribution to upholding the sexual and reproductive rights and the right to live free of all forms of violence, stigma and discrimination, as basic human rights, of all women and girls, especially migrant and internally displaced women and girls.

- To enact legal reforms to ensure that national and local laws promote and protect gender equality and the rights of all people to live free from discrimination, coercion and violence and that national and local laws, especially those addressing violence against women, are aligned with the international commitments and conventions signed by the Government, and to guarantee effective implementation of existing laws that are already in accordance with such commitments. Such laws must include concrete measures to eliminate all forms of discrimination and violence against women and girls, especially those facing greater vulnerability, including internally displaced and migrant women and girls (see the Programme of Action, paras. 4.4, 4.5 and 7.39, and the key actions for the further implementation of the Programme of Action (General Assembly resolution S-21/2, annex), para. 48).

- To put in place effective mechanisms to ensure a clear system for monitoring violations of the human rights of migrant and internally displaced populations, including cases of sexual violence against women and girls, to increase transparency in national and local justice systems in order to bring clarity to

investigation into cases of sexual violence against internally displaced and migrant women and to effectively enforce the applicable laws for the protection of their human rights to ensure victims' access to justice (see the key actions, para. 24 (a)).

- To address the causes of internal displacement, including natural disasters, armed conflict and forced resettlement, and to establish the necessary mechanisms to protect and assist displaced persons (see the Programme of Action, para. 9.21).

- To ensure that internally displaced persons receive basic education, employment opportunities, vocational training and health-care services, including sexual and reproductive health services (see the Programme of Action, para. 9.22). Providers of reproductive health services must be prepared to give comprehensive care to migrant and internally displaced women who are the victims of sexual violence (see the key actions, para. 52 (f)), including access to post-exposure prophylaxis for the prevention of HIV and other sexually transmitted infections, emergency hormonal contraception to avoid pregnancy, psychological support and legal counselling.

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Statement submitted by Family Care International, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2013/1.

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Please recycle

Statement

Recognizing that migrants and displaced persons often have limited access to reproductive health care and face threats to their reproductive health and rights, Family Care International welcomes the theme of the forty-sixth session of the Commission on Population and Development, "New trends in migration: demographic aspects".

According to the Population Division of the Department of Economic and Social Affairs of the United Nations, in 2010, the total number of international migrants worldwide was estimated at 214 million persons; almost half were women. There were an estimated 33 million international migrants under the age of 20 worldwide and adolescents accounted for approximately 15 per cent of all international migrants. While migration can provide important opportunities for women and adolescents to improve their lives and the lives of their families, women migrants, displaced persons, refugees and asylum seekers face a range of challenges in accessing health-care services, including sexual and reproductive health-care services, owing to an uncertain legal status, discrimination and negative attitudes from health-care providers, and financial, linguistic and cultural barriers.

Paragraph 7.11 of the Programme of Action of the International Conference on Population and Development reads: "Migrants and displaced persons in many parts of the world have limited access to reproductive health care and may face specific serious threats to their reproductive health and rights. Services must be particularly sensitive to the needs of individual women and adolescents and responsive to their often powerless situation, with particular attention to those who are victims of sexual violence." Women migrants are particularly vulnerable to sexual coercion and sexual and gender-based violence, which violate their rights, increase their risk of contracting a sexually transmitted infection, including HIV, and of having an unwanted pregnancy, and make the need for accessible services to address their emotional and physical needs all the more urgent. Young people face a range of challenges in accessing the sexual and reproductive health care they need, including a lack of evidence-based information about sexual and reproductive health, social stigma or judgemental attitudes by clinic staff, financial constraints and laws prohibiting the provision of contraceptives to unmarried or younger adolescents. These barriers are even greater for adolescent migrants. Adolescent migrants, especially young women, are also at increased risk of exploitation owing to separation from their families and communities, economic instability and power imbalances resulting from their uncertain legal status.

Barriers to accessing comprehensive sexual and reproductive health-care services, including access to contraception and safe abortions and a comprehensive sexual education, have been shown to result in higher rates of maternal mortality among migrant women compared with residents in both developed and developing countries. According to the Reproductive Health Response in Crises Consortium, refugees and internally displaced women often lack access to family planning services, pre- and postnatal care, emergency obstetric services and skilled care during childbirth. Women affected by conflict or disaster who are displaced from their homes and communities also face a higher risk of maternal death or injury. Over 60 per cent of maternal deaths worldwide occur in 10 countries, 9 of which are currently experiencing or emerging from conflict. Forced displacement also

increases women's vulnerability to sexual- and reproductive health-related violations.

Governments should ensure that the recommendations contained in the Programme of Action of the International Conference on Population and Development and other global and regional agreements on international migration in relation to development are implemented in order to ensure universal access to sexual and reproductive health-care services and information for all migrants, regardless of their legal status, and to address the inequalities, violence and discrimination faced by women and adolescent migrants.

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Statement submitted by Global Alliance Against Traffic in Women, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2013/1.

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Please recycle

Statement

According to the Department of Economic and Social Affairs of the Secretariat, as of 2010, an estimated 3.1 per cent of the global population were international migrants. Around half of the international migrants are women, as they have been for several decades. Furthermore, according to the 2009 Human Development Report of the United Nations Development Programme, there are approximately 740 million internal migrants. This makes a total of about 1 billion persons, or one in seven people on Earth, currently living outside their country or region of origin. Migrants contribute essential economic functions and increase competitiveness in several sectors. According to the World Bank, global remittance flows to developing countries were estimated to have exceeded $400 billion in 2012 and are largely unaffected by the economic crisis.

Migrants move in search of a better life. Though the intersections between migration and development are complex, migration, international and internal, affects development and development affects migration. Migration offers development opportunities to the migrants themselves, their households and the communities and countries they leave and those they join. For women migrants in particular, the Secretary-General has noted that "International migration can be an empowering experience for women: women may leave situations where they have limited options for ones where they exercise greater autonomy over their own lives, thereby benefiting themselves as well as their families and communities" (A/66/212).

International migration is an important component of population dynamics. World population is projected to exceed 9 billion by 2050. Many countries in the global North have low and declining fertility rates, ageing populations and a shrinking labour force. Most of the expected future population growth will be in the global South and will be concentrated in the least developed countries. These demographic realities, combined with the economic difference between the developed and the developing world, ensure that international migration will continue to increase and that it is necessary.

When migration goes wrong, migrants are at risk of trafficking, abuse and exploitation.

The potential benefits of migration — not just financial but also social and cultural — are often ignored in favour of a criminal justice response aimed at stopping irregular migration and strengthening borders. Heightened border security is increasing risks in the migration process, especially in women's migration. Increased border controls and security push migrants to pay higher fees to brokers and take more dangerous routes. Restrictive border policies create a group of people at risk of exploitation in transit and in the workplace — criminalized workers with no rights who can be dismissed at the employer's convenience.

Human trafficking happens in the context of labour migration. Although data is scarce and often inaccurate, the reported growth in human trafficking has coincided with an increase in demand in the international labour market for migrant workers, including in sectors that are not protected by labour laws. In some destination countries, labour markets are already highly dependent on migrant workers, whether permanent, circular or temporary, to fill jobs that the citizens of the countries are unwilling to take. Moreover, ageing populations drive a growing demand for labour, as the ratio of workers to dependents in those countries decreases.

We are seeing, on the one hand, Governments in destination countries clamp down on irregular migration and tighten border controls, often wrongly justifying such moves as measures to stop trafficking. Governments in countries of origin, on the other hand, have been eager to promote overseas labour migration, as remittances contribute to their gross domestic product. State policies determine how much of that migration will be through regular channels.

Women migrants, especially those from the global South, always face the most legal barriers, including for equal access to formal education, freedom of movement and full legal status. Borders, with their official entrance criteria, often rely upon and replicate the issues of gender inequality and restricted access that women already face at home. Migration policies therefore perpetuate the inequality that women face in the labour market, reflecting the international division of labour along gender and racial lines.

Although some progress has been made to minimize the cost of migration, programmes that provide useful training and protect the rights of migrant workers are still at a nascent stage. Migrant workers pay disproportionately high fees, enter places of work without good training and often have nowhere to turn to if they face exploitation and abuse.

Non-discrimination is a core principle established by international human rights law. Governments have a clear obligation to respect, protect and fulfil the human rights of all individuals, including migrants. However, as the Special Rapporteur on the human rights of migrants pointed out in his presentation to the Commission on Crime Prevention and Criminal Justice, the violence that irregular migrants fear most is that perpetrated or not prevented by States.

Destination States are responsible for the anti-immigration discourses that result in violence against migrants. They also create or acquiesce to conditions that encourage migrant smuggling and human trafficking. Too often, States respond with more violence and criminalize the migrants, denying their rights despite the fact that irregular migration is not a crime.

These restrictive border controls and law enforcement responses to migration are contrary to the demographically driven migrations that meet the development needs of individuals and of our countries. We need migrants, yet too often we demonize and criminalize them, increasing the risk of human rights violations such as human trafficking. Instead, we need a positive response to migration that understands its importance to development and that is mainstreamed into the development strategies of States. Migration both affects and is affected by several of the objectives addressed by the Millennium Development Goals, including those on poverty, environmental sustainability, universal education, gender equality and maternal and child health. As an issue relevant to so many development issues, migration must also be adequately addressed in the United Nations development agenda beyond 2015.

However, migration needs to be included in a way that will be meaningful and effective for migrants, and in that respect migrants and survivors of trafficking are best situated to advise on that. All stakeholders in the migration process must be involved in the formation, implementation and monitoring of policies on migration and against trafficking. A participatory human rights approach to all policies on development, migration and labour is the only way to prevent human trafficking.

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General debate on national experience in population matters: new trends in migration — demographic aspects

Statement submitted by International Federation of University Women, a non-governmental organization in consultative status with the Economic and Social Council

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Statement

The International Federation of University Women welcomes the opportunity to comment on the theme for the forty-sixth session of the Commission on Population and Development, "New trends in migration: demographic aspects".

As pointed out in the position paper on population dynamics in the context of the post-2015 development agenda by the organization Beyond 2015, women migrants, particularly those who are refugees or undocumented, may be adversely affected by migration and need to be protected. The same also applies to adolescents and children, who may migrate alone or without family support.

It is important to ensure that migrant-responsive policies include full information and proper documentation. Migration should also take place in safe and legal conditions, while respecting human rights. Furthermore, measures should be taken to address the specific needs of women migrants, as well as adolescents, especially girls, and to protect children from the abuse and exploitation commonly associated with trafficking. Women must have access to health services, including sexual and reproductive health information and services, and children and adolescents should have full access to education at all levels, including comprehensive sexuality education in destination countries.

It should be taken into consideration that young mothers and older women migrants face particular problems of isolation insofar as they may not know the language of their destination country and may also be illiterate. While programmes are often in place for migrants who assimilate into the workplace, they fail to provide such women the skills they require for living in their new countries. The International Federation of University Women urges that this need be addressed and would point to the project entitled "let's read together" of the Finnish Federation of University Women, which regularly brings together its own members with migrant women, often on a one-to-one basis, to provide, for example, help with language, counselling and assistance for the migrant women. As part of the project, migrant women might be given help in completing official forms or be accompanied in visits to the doctor or to the social security office. The availability of such programmes can help to address the problems of isolation that these women otherwise experience.

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General debate on national experience in population matters: new trends in migration — demographic aspects

Statement submitted by International Planned Parenthood Federation, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Please recycle

Statement

International Planned Parenthood Federation welcomes the priority theme of the Commission on Population and Development at its forty-sixth session.

The Federation is a global service provider and a leading advocate of sexual and reproductive health and rights and works through 152 member associations in more than 170 countries to empower the most vulnerable women, men and young people to access life-saving services and programmes and to live with dignity. It has had general consultative status with the Economic and Social Council since 1973.

The Federation aims to improve the quality of life of individuals by providing and campaigning for sexual and reproductive health and rights through advocacy and services. It defends the right of all people to enjoy sexual lives free from ill health, unwanted pregnancy, violence and discrimination, and believes that sexual and reproductive health and rights should be guaranteed for everyone, including all migrants, because they are internationally recognized human rights.

Background

In its Programme of Action, the International Conference on Population and Development recognized migration as a thematic priority and as relevant to fostering sustainable, just communities. Economic, political, social and cultural interrelations play an important role in the movement of people within and between countries. Economic imbalances, poverty, injustice, natural disasters, political persecutions and armed conflicts displace millions of people across the globe.

According to the Department of Economic and Social Affairs, in the past 30 years, the number of international migrants has more than doubled, to an estimated 214 million worldwide, the majority of which are women and young people. That figure includes roughly 25 to 32 million undocumented migrants worldwide, comprising around 10 to 15 per cent of the world's migrant population. These include economic migrants, refugees and internally displaced persons, people who have been trafficked and survivors of natural disasters.

A majority of migrants have to endure human rights violations, discrimination and exploitation. Violations include denial of access to fundamental economic and social rights, such as the right to education or the right to health, including sexual and reproductive health services. The worldwide reluctance to recognize the sexual and reproductive health and rights of young people is further compounded when they migrate. Their ability to access services can be severely compromised either by their own undocumented status in society or by discriminatory attitudes to adolescent sexuality in host countries. To ensure the full participation of the largest ever generation of youth in civic, educational and economic spheres, programmes, policies and funding to promote the sexual and reproductive health and rights of migrant youth must be prioritized.

Sexual and reproductive health and rights, gender equality and migration

Many migrants face challenges when accessing basic health services in host countries, including communication difficulties, discrimination, isolation, violence, cultural differences and personal autonomy restrictions. While individual experiences differ, pervasive gender inequality and the denial of sexual and

reproductive health and rights permeate all aspects of migration. It is essential that migration policies, programmes and funding incorporate a gender-sensitive approach and recognize the vulnerability of certain groups of migrants and asylum seekers, including men who have sex with men.

Human trafficking is an atrocious abuse of human rights that prevents victims from attaining the highest level of physical, mental and social well-being. People are trafficked for economic and sexual exploitation. It is imperative that legislative and policy responses use a gender and human rights-based approach to prevent trafficking, punish perpetrators and provide support to victims and survivors. It is also important that any discussion, research or policy against trafficking not be conflated with debates on voluntary sex work.

The needs of undocumented migrants, those with no legal right to stay in the host country, are also fraught with complications. Unable to formally engage in the economic and social life of the host country, undocumented migrants, particularly women and girls, are vulnerable to ill health and are often unable to access health services and counselling. They may lack access to legal protection and health and social services, including contraception, testing and treatment for HIV and counselling. Depending on the policies of the host country, when accessing services, women may be in fear of discovery through medical records monitoring, which deters individuals from seeking services. In addition to violating their most basic right to health, this approach can place an increased burden on the health system of the host country, as manageable conditions left unattended grow into emergency situations.

To ensure the sexual and reproductive health and rights of women migrants, efforts must be made to work with a range of agencies and with communities to ensure that all migrants, regardless of their status, are aware of their right to access services and that services and service providers meet the sexual and reproductive health needs of migrants effectively and without discrimination. This approach should include linkages with local non-governmental organizations that provide sexual and reproductive health and rights services, including programmes that prevent violence against women. Finally, to ensure that migrant women are empowered to make choices and decisions about their bodies, comprehensive sexuality education and policies that safeguard women's rights must be prioritized.

Sexual and reproductive health and rights in crisis situations

Injury, malnutrition, acute respiratory infection, diarrhoeal diseases, measles and malaria, where prevalent, are major concerns in crisis situations. Therefore, providing clean water, sanitation, adequate food, shelter and primary health care are top priorities. However, with the Office of the United Nations High Commissioner for Refugees and the Internal Displacement Monitoring Centre putting the average displacement of internally displaced people at 20 years and that of refugees at 17 years, the impact of migration and crisis is long term.

Neglecting sexual and reproductive health in emergency situations and their aftermath has potentially serious consequences, including preventable maternal and infant deaths, sexual and gender-based violence, unwanted pregnancies and unsafe abortions and an increased incidence of HIV and other sexually transmitted infections. During times of crisis, women may not have brought their contraceptives with them or they could be unable to access them. According to Macro International

Inc., 25 per cent of displaced women between 15 and 49 will be pregnant at any time and 15 per cent of their deliveries will incur complications; mothers and newborns are still at risk. The chaotic environment of crisis situations, combined with the absence of law and entrenched gender inequality, contribute to the increased incidence of sexual and gender-based violence towards girls and women. According to Human Rights Watch, up to 500,000 women survived rape during the genocide in Rwanda. The breakdown of social norms, lack of family support and collapse of sources of income, information and assistance put the population, in particular young women and men, at higher risk of contracting HIV and other sexually transmitted infections. Women may engage in survival sex, where sex is traded for food, water, shelter or other basic necessities, increasing vulnerability to such infections, including HIV.

As a consequence, it is essential for the survival and well-being of populations in crisis situations that emergency responses adopt basic sexual and reproductive health components and integrate them into primary health-care services. Contraceptives, including emergency contraception, must be accessible from the early stages of the crisis and more comprehensive family planning programmes need to be implemented once the situation stabilizes.

HIV travel restrictions

According to the United Nations Development Programme, forty-six States currently limit entry, residency and stay because of HIV status. According to the Joint United Nations Programme on HIV/AIDS, these restrictions pose no public health benefit and serve only to violate the rights of individuals. In addition, the restrictions reinforce HIV-related stigma and discrimination, limit access to HIV prevention and care services and may in fact impede efforts to protect public health. Advances in antiretroviral treatment mean that those living with HIV can live long and productive lives, yet this can be negated by the travel restrictions that prevent individuals from personal and business travel and engaging in careers which require travel. Those at risk of persecution can have asylum choices limited by such policies. Mandatory HIV testing on arrival is a violation of human rights and in most cases does not respect confidentiality and the need for pre- and post-test counselling and referral services.

Furthermore, in some States, migrant workers who test positive after securing employment overseas may face summary deportation. For example, Singapore has a policy of mandatory testing of all work permit holders. Non-Singaporeans found to be HIV positive are deported with little regard to counselling and access to treatment. Some bilateral memorandums of understanding between countries contain mandatory testing conditions for migrant workers.

Recommendations

The Federation recommends that States use this opportunity to:

(a) Adopt a human rights-based approach to migration. While countries have a sovereign right to determine the conditions of entry and stay in their territories, they also have an obligation to respect, protect and fulfil the human rights of all individuals under their jurisdiction, regardless of their nationality or origin and of their immigration status;

(b) Create enabling policies and earmark designated funding to support sexual and reproductive health coordination and implementation before, during and after crises. This should include Governments and non-governmental organizations working together to ensure the provision of sexual and reproductive health planning and preparation and the promotion of policies that support the full implementation of the Minimum Initial Service Package for Reproductive Health in Crisis Situations created by the Inter-Agency Working Group on Reproductive Health in Crises. Sexual and reproductive health services should be mainstreamed into emergency preparedness plans and humanitarian response programmes, including developing the skills and knowledge of coordinators and service providers;

(c) Ensure access to comprehensive sexual and reproductive health services for migrant women, including programmes and policies that promote and protect sexual and reproductive rights and eliminate gender inequality, and the training of service providers and development of clinical guidelines and outreach to migrant communities;

(d) Create enabling policies and designate funding to support the creation and implementation of programmes aimed at women and girls who have been trafficked, including those that provide counselling, support and comprehensive sexual and reproductive health services;

(e) Recognize the vulnerability of youth migrants to ill health by ensuring the provision of youth-friendly, non-discriminatory sexual and reproductive health services and comprehensive sexuality education;

(f) Lift restrictions that prohibit individuals living with HIV/AIDS from having the right to enter, stay in or reside in a country because of their HIV status;

(g) Implement the recommendations of the Global Commission on HIV and the Law, especially to ensure an effective, sustainable response to HIV that is consistent with human rights obligations;

(h) Commit to the removal of any travel or other restrictions that prohibit people with HIV from entering or staying in a country, the repeal of any requirements for mandatory HIV testing and ensuring that regulations allow for the legal registration of migrants with health services and that migrants can access the same quality of HIV prevention, treatment and care services and commodities that are available to citizens.

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General debate on national experience in population matters: new trends in migration — demographic aspects

Statement submitted by Stichting Rutgers WPF, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Please recycle

Statement

Stichting Rutgers WPF welcomes the theme of the forty-sixth session of the Commission on Population and Development, "New trends in migration: demographic aspects".

There are more than 213 million international migrants in the world, half of whom are women. Many of the world's migrants are below the age of 30 (in the global South, the median age of migrants is only 26.3 years) and 34 million migrants are under the age of 20. This is a demographic group that cannot be ignored.

We would like to take this opportunity to emphasize the importance of sexual and reproductive rights and health in relation to migration for the key demographic group of youth. It is vital that this issue be addressed in decision-making processes. The facts below indicate that this matter should be treated urgently:

- According to the Asian-Pacific Resource and Research Centre for Women, many Governments require women migrant workers to undergo pregnancy and HIV testing, either before departure or after arrival, on a yearly basis or upon the renewal of a contract (see www.arrow.org.my).
- Many young migrants who get pregnant or acquire a sexually transmitted infection, such as HIV, face imprisonment or deportation (see www.arrow.org.my).
- In many countries, immigrants are prohibited from getting married or having children, and access to safe abortions and contraceptives is very limited (www.arrow.org.my).
- The Office of the United Nations High Commissioner for Human Rights notes that there is an increasing tendency to criminalize migration-related offences and that migrants are often detained as a routine procedure; overcrowded migrant detention centres often provide poor sanitation and health-care services.
- Migration policies and the lack of access to the labour market and public services often result in discrimination and anti-migration sentiment, which in turn raise obstacles for the empowerment of young migrants, the fulfilment of their rights and their ability to access comprehensive and good quality sexual and reproductive health services and information.

More than half of the world's population is under 24 years of age. Young people are more than a demographic category: they are the future. Therefore, we urge that the following actions be taken to protect and empower young migrants.

- Governments of countries of origin and destination must ensure access to comprehensive and good quality sexual and reproductive health services and information, including comprehensive sexuality education throughout the migration cycle, especially for young people. Governments must provide access to youth-friendly sexual and reproductive health services, including for safe abortions, regardless of migrant status. Health-care providers should be youth friendly, give non-judgemental care and respect diversity, privacy and confidentiality. Governments should provide comprehensive sexuality education to young migrants to enable them to enjoy their right to have control

over and to decide on matters related to their sexuality, including their sexual and reproductive health, free of coercion, discrimination and violence.

- There is a need to increase and improve the collection and generation of data on sexual and reproductive health and rights, especially with regard to young women and girl migrants. Governments should acknowledge and respect the diversity of young people by conducting research, collecting disaggregated data by age, gender and other relevant criteria, and developing programmes that take these criteria into account.

- Governments should address the vulnerability of migrants to discrimination, sexual and gender-based violence. Discrimination against young people, and in particular young women and girls, hinders their integration into society. Eliminating discriminatory policies will enable migrants to obtain fair and equal rights, which should include access to comprehensive sexual and reproductive health services. Doing so will also significantly increase the future prospects of young international migrants. Women and girls constitute 48 per cent of all migrants. Female migrants are predominantly employed in gender-segregated, low-paid and unregulated professions. They are particularly vulnerable to sexual and gender-based violence, trafficking in persons, sexual abuse and commercial sexual exploitation. Governments should develop specific policies and programmes to combat and address these threats, especially for women and girls.

- In terms of meaningful youth participation, Governments should empower young people, especially young migrants, to play a central role in the design and implementation of immigration and integration policies and programmes at the regional, national and international levels, and invest in young people through mentoring programmes, capacity-building initiatives and youth-adult partnerships based on equality.

- With regard to the International Conference on Population and Development, Governments should support the commitment made at the sixty-seventh session of the General Assembly to further the goals and objectives of the Programme of Action of the International Conference on Population and Development beyond 2014 and participate in a special session at the sixty-ninth session of the Assembly and recommit to those goals and objectives at the highest political level.

There is still a lot of work to be done to implement the goals and objectives of the Programme of Action. The same is true of other international commitments, including the Millennium Development Goals, especially Goals 5 and 6. Only an approach that incorporates all the above-mentioned points of action will succeed in giving us, the youth of the world, the safe and happy future we deserve.